

Please print or type in the unshaded areas only.

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Continued from the Front

**IV. Narrative Description of Pollutant Sources**

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
002	Area A: 60,000 sq. ft. Area B & C: 82,000 sq.ft. Area D: 40,000 sq. ft.	100,000 sq. ft.	003	Harbor Side Fuel Dock Deck 10,000sq. ft. land Side Fuel Dock Deck 10,000 sq.ft.	10,000sq. ft.

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

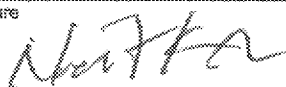
Unleaded gasoline, Land & Marine Diesel, Jet A-1 (Kerosene) are stored in bulk AST's at the Utulei terminal and Airport Satellite Tank farms. Drums or pails of maintenance pipeline drains, used oil are temporarily stored in the terminal warehouse under cover. Refer to the SPOC Plan and SWPP for BMP's of store drums and materials.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
002 003	Each has Oily Water Separators - Refer to SPOC Plan Section VIII AA> Facility Drainage page 14. Daily checks on Outfall Areas are conducted and annual inspections and cleaning of Oily Water Separators is done done per Pollution Control Plan.	1-H, 1-Q, 1-U

**V. Nonstormwater Discharges**

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Nicholas King Jr./ Terminal Mgr		12/02/2015

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

N/A

**VI. Significant Leaks or Spills**

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

Please refer to updated SPOC Plan Attachment 5- Previous Spill Experience.

Continued from Page 2

EPA ID Number (copy from Item 1 of Form 1)

**VII. Discharge Information**

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.  
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis -- is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☒ Yes (list all such pollutants below)☐ No (go to Section IX)

Current Permit Tests for: Oil & Grease, Benzene, Ethylbenzene, Toluene, Lead.

\* Sheets VII-1 and VII-2 Test Results are forth coming.

**VIII. Biological Toxicity Testing Data**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such pollutants below)☐ No (go to Section IX)

N/A

**IX. Contract Analysis Information**

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)☐ No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Test America - Honolulu HI. (Formerly Oceanic Analytical Laboratory, Inc.)	99-193 Aiea Heights Drive, Suite #121 Aiea, Hawaii	96701-3900 Ph: (808) 466-5227	All pollutants tested per NPDES permits and application requirements.

**X. Certification**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title (Type Or Print)

Nick King, Terminal Manager

B. Area Code and Phone No.

(684) 633-4101

C. Signature



D. Date Signed

12-2-15

## VII. Discharge information (Continued from page 3 of Form 2F)

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	None (B) mg/L	N/A			1	002B-A
Biological Oxygen Demand (BOD5)	None (B) mg/L				1	002C-A
Chemical Oxygen Demand (COD)	13.9 mg/L				1	002C-A
Total Suspended Solids (TSS)	14.3 mg/L				1	002C-A
Total Nitrogen	None (B) mg/L				1	002C-A
Total Phosphorus	0.0323 mg/L				1	002C-A
pH	Minimum	Maximum	Minimum	Maximum		

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
TURBIDITY	3.5 NTU				1	002B-A
PH	7.0 SU				1	" "
NITROGEN	0.562 mg/L				1	" "
TOTAL PHOSPHORUS	0.0987 mg/L				1	" "
ZINC	0.11 mg/L				1	" "
LEAD	None (B)				1	" "
OIL & GREASE	None (B)				1	" "
ETHYLBENZENE	None (B)				1	" "
OIL & GREASE	None (B)				1	002C-A
PH	6.5 SU				1	" "
TURBIDITY	2.5 NTU				1	" "
LEAD	0.0064 mg/L				1	" "
ETHYLBENZENE	None (B)				1	" "
ZINC	0.18 mg/L				1	" "
TOTAL NITROGEN	None (B)				1	" "
TOTAL PHOSPHORUS	0.0323 mg/L				1	" "
OIL & GREASE	None (B)				1	002D-A
PH	6.5 SU				1	" "
TURBIDITY	2.4 NTU				1	" "
LEAD	None (B)				1	" "
ETHYLBENZENE	None (B)				1	" "
ZINC	0.025 mg/L				1	" "
TOTAL NITROGEN	0.366 mg/L				1	" "
TOTAL PHOSPHORUS	None (B)				1	" "
TURBIDITY	3.5 NTU				1	002X-A
PH	7.5 SU				1	" "
TOTAL NITROGEN	0.562 mg/L				1	" "
TOTAL PHOSPHORUS	0.0987 mg/L				1	" "
ZINC	0.11 mg/L				1	" "
LEAD	None (B)				1	" "

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.


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1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gallons/minute or specify units)	6. Total flow from rain event (gallons or specify units)
		XI/A			

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FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
I. EPA I.D. NUMBER					
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		Mark "X"		SPECIFIC QUESTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		YES	NO	FORM ATTACHED	
			X		
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X			
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)			X		
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X		
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)			X		
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			X		
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			X		
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			X		
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		
III. NAME OF FACILITY					
1 SKIP PE Southwest Pacific Ltd. Utulei Terminal					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)					
2 Nick King Terminal Manager					
B. PHONE (area code & no.)					
(684) 633-4101					
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 PO Box 488					
B. CITY OR TOWN					
4 Pago Pago					
C. STATE					
AS					
D. ZIP CODE					
96799					
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 488 Tank Farm Rd.					
B. COUNTY NAME					
n/a					
C. CITY OR TOWN					
6 Pago Pago					
D. STATE					
AS					
E. ZIP CODE					
96799					
F. COUNTY CODE (if known)					
584					

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VII. SIC CODES (4-digit, in order of priority)																								
A. FIRST										B. SECOND														
7	5	1	7	1	(specify)					7	n/a	(specify)												
Petroleum Products										n/a														
C. THIRD										D. FOURTH														
7	n/a	(specify)					7	n/a	(specify)															
n/a										n/a														
VIII. OPERATOR INFORMATION																								
A. NAME															B. Is the name listed in Item VIII-A also the owner?									
PE Southwest Pacific Ltd. Utulei Terminal															<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify)															D. PHONE (area code & no.)									
F = FEDERAL					M = PUBLIC (other than federal or state)					P = PRIVATE					(specify) n/a					A (684) 633-4101				
E. STREET OR P.O. BOX																								
PO Box 488																								
F. CITY OR TOWN															G. STATE		H. ZIP CODE		IX. INDIAN LAND					
Pago Pago															AS		96799		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
X. EXISTING ENVIRONMENTAL PERMITS																								
A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)														
9	N	AS002028								9	P	n/a												
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)														
9	U	n/a								9	n/a	(specify)												
C. RCRA (Hazardous Wastes)										E. OTHER (specify)														
9	R	n/a								9	n/a	(specify)												
XI. MAP																								
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.																								
XII. NATURE OF BUSINESS (provide a brief description)																								
This Facility is own by the American Samoa Government and operated via contract by Pacific Energy SWP LTD. The Facility is primarily engaged in the receipt, storage and distribution of Petroleum products from above ground bulk liquid storage tanks. The main tank farm terminal is located in the village of Utulei (Gataivai) and has three underground pipelines approximately 1/2 miles in length from the fuel dock which is located on the border line of Utulei and Fagatogo Villages. The facility also operates the Airport satellite tank farm which supplies the airport fuel. The facility stores and distributes the island(s) fuel; land from the main Tank Farm terminal, sea from the Fuel Dock and air from the Airport Tank Farm satellite.																								
XIII. CERTIFICATION (see instructions)																								
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.																								
A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE					C. DATE SIGNED									
Nick King / Terminal Manager															11/03/2015									
COMMENTS FOR OFFICIAL USE ONLY																								